

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO.	FILING DATE							
							APPLICANT(S)								
CLAIMS															
	AS FILED		AFTER 1ST ASSESSMENT		AFTER 2ND ASSESSMENT			D/D		D/P		D/D		D/P	
	D/D	D/P	D/D	D/P	D/D	D/P		D/D	D/P	D/D	D/P	D/D	D/P		
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46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.							TOTAL IND.								
TOTAL DEP.							TOTAL DEP.								
TOTAL CLAIMS							TOTAL CLAIMS								